

SEP 19 2005

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FACSIMILE TRANSMISSION

Date: 9/19/2005

Pages: **13**

To: Examiner Mai H.C. Tran

From: David Posz

Company: U.S. Patent Office, Art Unit 2818

Fax No.: 571-273-8300

Subject: Amendment in response to the Office Action mailed on June 17, 2005:
U.S. Application Serial No. 10/802,720

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office, Fax No. 571-273-8300 on September 19, 2005 to the attention of Examiner Tran of AU 2818.

Typed Name: DAVID G. POSZ

Signature: 

Applicant(s): HIRANO et al.

Serial No.: 10/802,720

Filed: March 18, 2004

Title: SEMICONDUCTOR DEVICE

Atty. Dkt.: 01-584

Group Art Unit: 2818

Examiner: Mai H.C. Tran

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SEP 19 2005

Based on PTO/SB/21

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/802,720	
	Filing Date	03/18/2004	
	First Named Inventor	HIRANO et al.	
	Group Art Unit	2818	
	Examiner Name	TRAN, MAI HUONG C	
		Attorney Docket Number	01-584

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.62 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> To Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request of Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Additional Enclosure(s) (please identify below):
Remarks 		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	David G. Posz (Reg. No. 37,701) Posz Law Group, PLC
Signature	
Date	September 19, 2005

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Type or printed name	David G. Posz (Reg. No. 37701)	
Signature		Date: September 19, 2005

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PTO/SB/17 (12-04)

Approved for use through 07/31/2008, OMB 0651-0082
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Effective on 12/8/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4010). FEE TRANSMITTAL For FY 2005		Complete If Known Application Number 10/802,720 Filing Date 03/18/2004 First Named Inventor HIRANO et al. Examiner Name TRAN, MAI HUONG C Art Unit 2818 Attorney Docket No. 01-584	
<input type="checkbox"/> Applicant Claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT (\$) 200			

METHOD OF PAYMENT (check all that apply)

- ☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____
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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	180	90	
Reissue	300	150	500	250	600	300	
Provisional	160	80	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
14	- 20 or HP = 0	x \$60	= \$0

HP = Highest number of total claims paid for, if greater than 20

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
4	- 3 or HP = 1	x \$200	= \$200

HP = Highest number of independent claims paid for, if greater than 3


3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$ _____ (\$ for small entity)
 for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(e).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 = _____	/ 50 = _____	(round up to a whole number) x _____	=	\$0

4. OTHER FEES (\$)

Non-English Specification, \$130 fee (no small entity discount)
 Other: _____

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	37,701
Name (Print/Type)	DAVID G. POSZ	Telephone	(703) 707-9110
		Date	09/19/2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1460, Alexandria, VA 22313-1460. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1460, Alexandria, VA 22313-1460.

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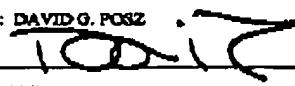
SEP 19 2005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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Serial No.: 10/802,720	Group Art Unit: 2818
Filed: March 18, 2004	Examiner: Mai H.C. Tran
Title: SEMICONDUCTOR DEVICE	

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401 Dulany Street
Alexandria, VA 22314

September 19, 2005
(September 17, 2005 = Saturday)

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Typed Name: DAVID G. POSZ
Signature: 

AMENDMENT UNDER 37 CFR 1.111

Sir:

In response to the Office Action dated June 17, 2005 received in connection with the above-referenced application, please consider the appended amendments and remarks.

Amendments to the Specification begin on page 2 of this paper.

Amendments to the Claims are reflected in the Listing of Claims that begins on page 3 of this paper.

Remarks/Arguments begin on page 10 of this paper.

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